



HYDROSTATIC TEST NOTICE OF INTENT (HTNOI)

FOR COVERAGE UNDER MISSISSIPPI'S HYDROSTATIC TEST GENERAL PERMIT GENERAL PERMIT MSG130688

(Number to be assigned by MDEQ)

INSTRUCTIONS

The Hydrostatic Test Notice of Intent (HTNOI) is for coverage under the Hydrostatic Test General Permit to discharge hydrostatic test water. Applicant must be the owner or operator. The coverage recipient is responsible for compliance with the conditions of the general permit.

Completed HTNOIs should be filed at least thirty (30) days prior to the commencement of regulated activity. Discharge of hydrostatic test water without written notification of coverage is a violation of state law.

If the company seeking coverage is a corporation, a limited liability company, a partnership, or a business trust, attach proof of its registration with the Mississippi Secretary of State and /or its Certificate of Good Standing. This registration or Certificate of Good Standing must be dated within twelve (12) months of the date of the submittal of this coverage form. Coverage will be issued in the company name as it is registered with the Mississippi Secretary of State.

IF REGULATED LAND DISTURBING ACTIVITIES ARE TO OCCUR, LIST ACRES DISTURBED: _____

NOTE: If disturbing five (5) acres or more, a stormwater construction coverage is required.

A USGS quadrangle map or copy is a required submittal. The map shall extend at least one-half of a mile beyond the facility/ project property boundary. In the case of linear pipeline projects the map shall extend at least one-half of a mile beyond the pipeline right-of-way. The site location and outfalls must be outlined and labeled. Quad maps can be obtained from the Office of Geology (601-961-5523). If a copy is submitted, provide the name of the quadrangle map that is found in upper right hand corner.

Additional submittals may include the following:

- Labeled site drawing noting the outfall(s) associated with hydrostatic test water discharge(s)
- List of chemical Additives,
- Appropriate Section 404 documentation from U.S. Army Corps of Engineers, or
- Written authorization from the MDEQ, Office of Land and Water, if water withdrawal from surface waters or ground waters is to be used for the testing. For information call the Office of Land and Water at 601/961-5202

ALL REQUESTED INFORMATION MUST BE PROVIDED (Answer "NA" if not applicable)

APPLICANT IS THE: ☐ OWNER ☐ OPERATOR (Must check one or both)

OWNER INFORMATION

OWNER CONTACT NAME & POSITION: _____

OWNER EMAIL ADDRESS: _____

OWNER COMPANY NAME: _____

OWNER STREET (P.O. BOX): _____

OWNER CITY: _____ STATE: _____ ZIP: _____

OWNER PHONE # (INCLUDE AREA CODE): _____

OPERATOR INFORMATION

OPERATOR CONTACT NAME & POSITION: Kelsey Gocke - Supervisor, Environmental Permitting

OPERATOR EMAIL: Kelsey.Gocke@bwpipelines.com

OPERATOR COMPANY: Texas Gas Transmission, LLC

OPERATOR STREET (P.O. BOX): 9 Greenway Plaza, Suite 2800

OPERATOR CITY: Houston **STATE:** TX **ZIP:** 77046

OPERATOR PHONE # (INCLUDE AREA CODE): (713) 479-8080

FACILITY/PROJECT INFORMATION

FACILITY/PROJECT NAME: PN17606 - Hydrostatic Test Discharge

PIPELINE, STORAGE TANK OR FLOWLINE BEING TESTED IS: ☒ NEW ☐ USED

IF USED, LIST PRIOR MATERIAL SERVICE OF EQUIPMENT: _____

PHYSICAL SITE ADDRESS (If not available, indicate nearest named road. Linear projects indicate beginning of project):

STREET: 2672 Wison Mill Rd **CITY:** Lake Cormorant

COUNTY: De Soto **ZIP:** 38641

Facility site tribal land ID (NA if not applicable) NA

TYPE OF TREATMENT (IF PROVIDED): De-chlorination as required

SIC Code 4922, 4923 **NAICS Code** 21120, 486210

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and/or imprisonment for knowing violations.

DocuSigned by:

Kelsey Gocke

8/10/2026

Signature (Must be signed by operator when different than owner)

Kelsey Gocke

Date Signed

Supervisor, Environmental Permitting

Printed Name**Title**¹This application shall be signed according to ACT6, T-17 of the General Permit, as follows:

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.
- For a municipal, state or other public facility, by principal executive officer, the mayor, or ranking elected official.

HTNOI forms must be submitted to: Chief, Environmental Permits Division
MS Dept of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225

Revised: 03-15-17

OUTFALL INFORMATION

(To be submitted with HTNOI and Major Modification Forms)

INSTRUCTIONS:

1. For each outfall, complete the information in the table below (NOTE: Complete the last column of this form, only if it is being submitted with a Major Modification Form).
2. All outfalls must be spotted and labeled on a USGS quadrangle map.

OUTFALL NO.	LATITUDE ¹ (deg/min/sec)	LONGITUDE ¹ (deg/min/sec)	SOURCE OF FILL WATER	NEAREST RECEIVING STREAM ²				EST. TOTAL DISCHARGE (MIL GAL)	STATUS OF TANK, PIPELINE, FLOWLINE ETC.		EXPECTED TEST DATE(S) (mm/dd/yr)	INDICATE WHETHER OUTFALL IS NEW OF EXISTING	
				NAME	ON MDEQ 303(D) LIST? ³		HAS TMDL? ³		New	Used			
					Yes	No	Yes						No
001													
002													
003													
004													
005													
006													
007													
008													
009													
010													
011													
012													

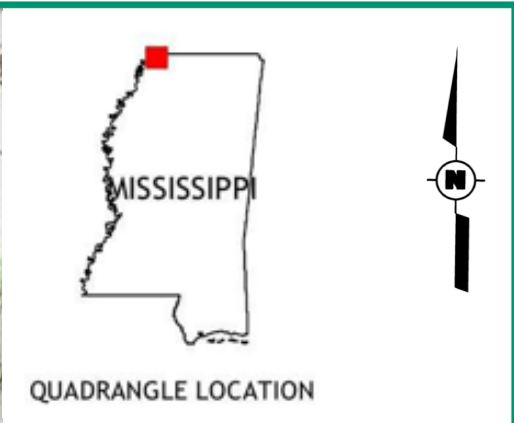
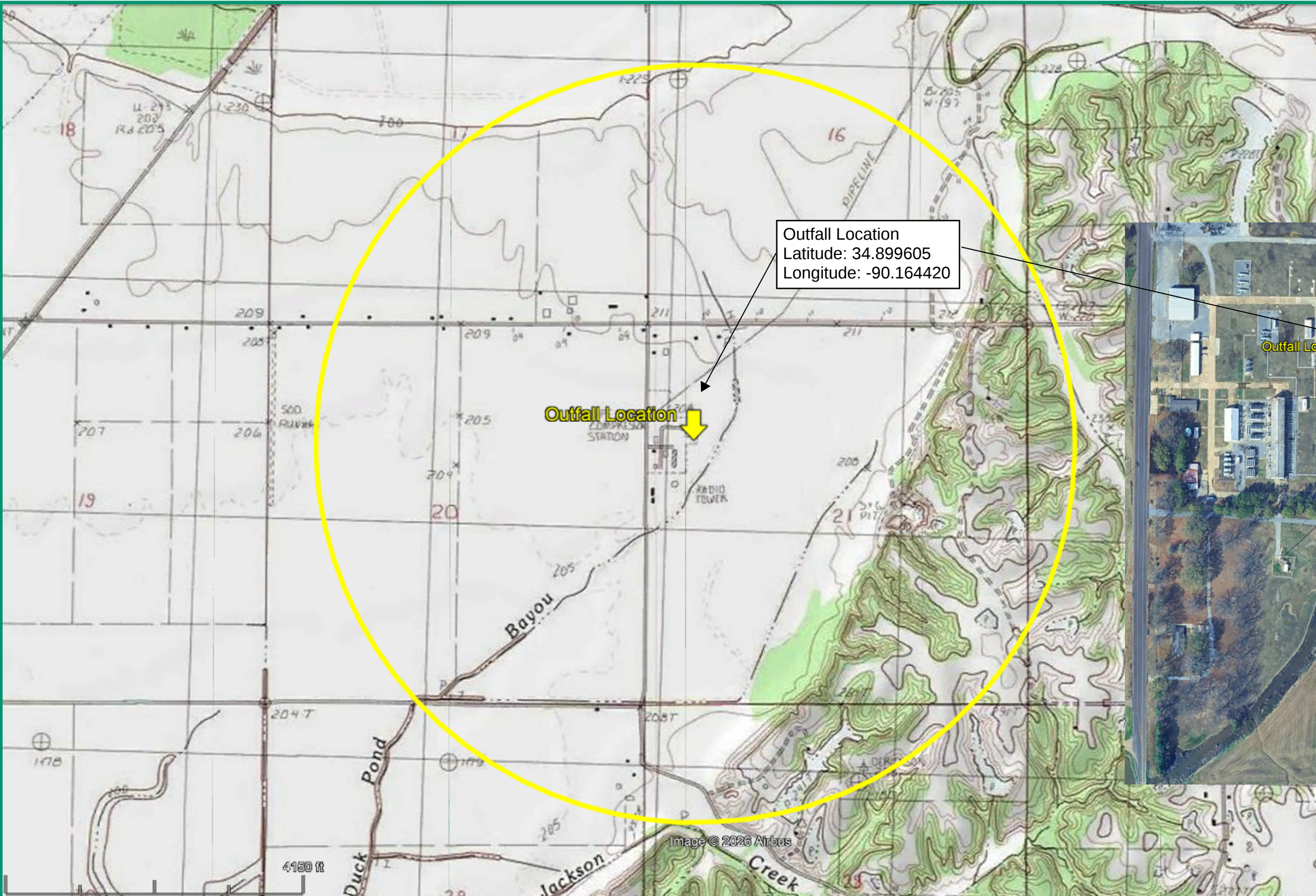
Revised: 03/15/17

NOTE: To Comply with EPA's NPDES e-Reporting rule, MDEQ has implemented the use of U.S.EPA's NetDMR for the submittal of DMRs. Permittees required to submit DMRs must submit DMRs electronically using NetDMR. A training video and additional info can be found at <http://bit.ly/2gao6sW>. For additional information about NetDMR, please send an email to netdmrhelp@mdeq.ms.gov or contact Annette Brocks at 601-961-5252

¹ List the latitude and longitude of its location to the nearest 15 seconds.

² Name of the nearest named receiving stream as listed on a USGS Quad Map.

³ MDEQ's 303(d) List of Impaired Water Bodies and approved TMDLs can be found at: http://www.deq.state.ms.us/MDEQ.nsf/page/TWB_Total_Maximum_Daily_Load_Section



Map Legend

- Outfall Location
- 1 Mile Radius Around Site

Reference: Google Earth; United States Geological Survey 7.5 Minute Lake Cormorant, MS topographic map, 2024.

Discharge Location Map
Hydrostatic Test Notice of Intent
PN17606
De Soto County, Kentucky

Prepared For
Texas Gas Transmission, LLC

Project No.	345-0311	Checked By	BE	
Drawn By	WA	08/07/2026	Approved By	BE

1
Figure



Michael Watson

SECRETARY OF STATE

This is not an official certificate of good standing.

Name History

Name	Name Type
TEXAS GAS TRANSMISSION, LLC	Legal

Business Information

Business Type:	Limited Liability Company
Business ID:	733779
Status:	Good Standing
Effective Date:	05/16/2003
State of Incorporation:	DE
Principal Office Address:	

Registered Agent

Name
CORPORATION SERVICE COMPANY
109 Executive Drive, Suite 3
Madison, MS 39110

Officers & Directors

Name	Title
James D Jones 9 GREENWAY PLAZA STE. 2800 HOUSTON, TX 77046	Manager
Steven Barkauskus 9 Greenway Plaza Suite 2800 Houston, MS 77046	Treasurer

Scott Hallam
9 Greenway Plaza Suite 2800
Houston, TX 77046

President